

Third Party Administrator (TPA) Affiliation Statement

Name of applicant TPA

TPA Tax ID number (FEIN)

Check each box below that describes your relationship to the applicant TPA. Enter all requested information. Each of the persons or entities shown below is required to complete this Third Party Administrator (TPA) Affiliation Statement. Corporate stockholders enter primary mailing and business addresses for the corporation.

- ☐ Officer or Director of the TPA
☐ Individual stockholder of 10% or more of the stock of the TPA
☐ Corporate stockholder of 10% or more of the stock of the TPA

Your Name and Title as it relates to the applicant TPA

Your Social Security Number

Your MAILING ADDRESS

Number, street and floor or suite number

City

State

Zip

If affiliated party is a Corporate Stockholder, complete this section:

Name of Corporation

Percentage of ownership
of applicant TPA

%

State of Incorporation

Corporation Tax ID Number (FEIN)

Your BUSINESS ADDRESS

or check if ☐ same as mailing address

Number, street and floor or suite number

City

State

Zip

Please answer all questions completely. If you are completing this form on behalf of a corporate stockholder or other business entity, answer on behalf of the corporation, not on behalf of you as an individual. If additional space is needed, please clearly identify each response by question number and attach the continuation(s) to this statement. Enter your name and Social Security Number or parent company's name and FEIN in the upper right corner of each attachment. Attachments become part of this verified statement.

1. What is your present association with the applicant TPA? Please describe your responsibilities, the degree and nature of involvement in the affairs of the TPA, and the length of time of your present association.

2. In what other capacities have you been associated with the applicant TPA? Please indicate time frames.

3. Are you or have you ever been associated with any other TPA? ☐ Yes ☐ No If yes, please give details and time frames of each association.

4. Will your association with the applicant TPA be your primary professional or business activity?

☐ Yes ☐ No If not, what is your primary occupation or business activity?

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☐

Type of License	Licensing State	License Number	Period of License <i>Give dates, beginning to end</i>

☐ Yes ☐ No If yes, please identify the type of license, licensing state, license number, and an explanation of the action taken.

☐ Yes ☐ No *If yes, please explain. Include dates and final disposition.*

☐ Yes ☐ No *If yes, please explain. Attach a copy of the complaint, final court judgment or order, or other disposition.*